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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/467,333
Confirmation#: 2248
Filing Date December 20, 1999
First Named Inventor Douglas J. Dobrozai
Examiner Name
Group/Art Unit 1614
Attorney Docket No.. 7804

TOTAL AMOUNT OF PAYMENT (\$ 240.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

☒ Charge Any Additional Fee ☐ Applicant claims small entity status. See 37 CFR §127 Required Under 37 C.F.R. §§1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee Code	Small Fee Code	Entity Fee Code	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	<input type="checkbox"/>
106	320	206	160	Design filing fee	<input type="checkbox"/>
107	490	207	245	Plant filing fee	<input type="checkbox"/>
108	710	208	355	Reissue filing fee	<input type="checkbox"/>
114	150	214	75	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)☐

2. EXTRA CLAIM FEES

Total Claims ☐ - 20** = ☐ x ☐ = ☐
Independent Claims ☐ - 3** = ☐ x ☐ = ☐
Multiple Dependent ☐ = ☐
** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee Code	Small Fee Code	Entity Fee Code	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	<input type="checkbox"/>
102	80	202	40	Independent claims in excess of 3	<input type="checkbox"/>
104	270	204	135	Multiple dependent claim, if not paid	<input type="checkbox"/>
109	80	209	40	**Reissue independent claims, over original patent	<input type="checkbox"/>
110	18	210	9	**Reissue claims in excess of 20 and over original patent	<input type="checkbox"/>

SUBTOTAL (2) (\$)☐

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee Code	Small Fee Code	Entity Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	<input type="checkbox"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="checkbox"/>
139	130	139	130	Non-English specification	<input type="checkbox"/>
147	2,520	147	2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115	110	215	55	Extension for reply within 1 st month	<input type="checkbox"/>
116	390	216	195	Extension for reply within 2 nd month	<input type="checkbox"/>
117	890	217	445	Extension for reply within 3 rd month	<input type="checkbox"/>
118	1,390	218	695	Extension for reply within 4 th month	<input type="checkbox"/>
128	1,890	228	945	Extension for reply within 5 th month	<input type="checkbox"/>
119	310	219	155	Notice of Appeal	<input type="checkbox"/>
120	310	220	155	Filing a brief in support of an appeal	<input type="checkbox"/>
121	270	221	135	Request for oral hearing	<input type="checkbox"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140	110	240	55	Petition to revive - unavoidable	<input type="checkbox"/>
141	1,240	241	620	Petition to revive - unintentional	<input type="checkbox"/>
142	1,240	242	620	Utility issue fee (or reissue)	<input type="checkbox"/>
143	440	243	220	Design issue fee	<input type="checkbox"/>
144	600	244	300	Plant issue fee	<input type="checkbox"/>
122	130	122	130	Petitions to the Commissioner	<input type="checkbox"/>
123	50	123	50	Petitions related to provisional applications	<input type="checkbox"/>
126	240	126	240	Submission of IDS	<input checked="" type="checkbox"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149	710	249	355	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
179	710	279	355	Request for Continued Examination (RCE)	<input type="checkbox"/>
169	710	249	355	Request for expedited examination of a design application	<input type="checkbox"/>

Other fee (specify) _____ ☐

Other fee (specify) _____ ☐

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) [240]

SUBMITTED BY

Name (Print/Type) John M. Howell

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Complete (if applicable)

Telephone (513) 622-2184

Date January 26, 2001

Signature

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